

**STANDING COMMITTEE ON
UNIFORM LEGISLATION AND STATUTES REVIEW**

**INQUIRY INTO HEALTH PRACTITIONER REGULATION NATIONAL
LAW (WA) BILL 2010**

**TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 17 MAY 2010**

Members

**Hon Adele Farina (Chairman)
Hon Nigel Hallett (Deputy Chairman)
Hon Linda Savage
Hon Liz Behjat**

Hearing commenced at 10.52 am**STOKES, MR DAVID****Senior Manager, Professional Practice, Australian Psychological Society,
sworn and examined:****LITTLEFIELD, PROFESSOR LYN****Executive Director, Australian Psychological Society,
sworn and examined:**

The CHAIRMAN: I am Hon Adele Farina, the Chair of the committee. I thank you for making yourself available at such short notice. I would like to introduce the other members of the committee. We are a committee of four members of Parliament. Hon Nigel Hallett is the Deputy Chair of the committee and Hon Liz Behjat and Hon Linda Savage are the other members. We have with us Hansard reporters, who are recording the interview, and our legal advisory officer, Ms Suzanne Veletta. You mentioned that you had someone else with you at your end, David.

Mr Stokes: I have Professor Littlefield, who is the executive director of the Australian Psychological Society.

The CHAIRMAN: Thank you very much to both of you. There are some formalities that I need to go through before we start. On behalf of the committee, I welcome you to participate in this hearing with us. I need you to take either the oath or affirmation before we can start the questions. This will be a little difficult to administer by phone.

[Witnesses took the oath or affirmation.]

The CHAIRMAN: Have you both signed a document entitled "Information for Witnesses", and have you read and understood the document?

The Witnesses: Yes.

The CHAIRMAN: Thank you very much. These proceedings, as I indicated earlier, are being recorded by Hansard and a transcript of the evidence will be provided to you. To assist Hansard, would you please quote the full title of any document you refer to during the course of the hearing and also please try to talk into the microphone because we are trying to record the hearing. This is a new experience.

Professor Littlefield: Can you hear us clearly?

The CHAIRMAN: Yes, we can. I need to remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session and if the committee grants your request any public and media in attendance will be excluded from the hearing. For your information, there are no members of the public or media present at this time. If you want to give evidence in private, that should not dissuade you from specifically asking the committee to do that before you give evidence. Also, please note that until such time as a transcript of your public evidence is finalised, it should not be made public. I need to advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Do you have any questions in relation to all that?

Mr Stokes: No, that is fine.

The CHAIRMAN: In February and early March this year the committee received a number of submissions from psychologists in Western Australia who were very concerned about the loss of their specialist titles under the national scheme. The committee understands that on 31 March 2010 the ministerial council approved seven of nine areas of practice endorsement for psychologists proposed by the Psychology Board of Australia to take effect as at 1 July 2010. The committee is aware that the specialist registration provisions in the national law, at clause 12, are separate from the “endorsed for approved area of practice” clause 98 provisions. The committee would like to explore some of these issues with you. Given that we received these submissions from the psychologists some months ago and the subsequent decision by the ministerial council, we would like to get some clarification as to whether the issue of being registered as specialists is still a concern for psychologists.

Professor Littlefield: The psychologists would certainly prefer to be under the specialist registration rather than endorsement of areas of practice. One of the reasons for that is we feel it is much clearer to the public that that group of psychologists with the appropriate qualifications and experience are specialists. It also tells the public what areas of specialty they have. The fact that if they were registered as specialists, they would be on a specialist register and it would then be clearer to the public that they have those higher levels of qualifications and expertise and can use that specialist title. We feel that endorsement is not so clear and does not really give to the public a clear idea of what an endorsed area of practice means. We are unsure about the protection of the public. We know that under the national law if you have a specialist registration, there are specific offence provisions that prohibit people from holding them out to be a specialist, and we are unsure whether it is exactly the same. I know that there are specialist offence provisions in the national law for endorsement, but we are unsure whether exactly the same level of protection is afforded for a specialist.

The CHAIRMAN: The evidence that the committee has heard is that, effectively, being an endorsed clinical psychologist would have the same practical effect as being a registered specialist psychologist.

Professor Littlefield: The “practical effect” meaning what?

The CHAIRMAN: That is a good question. We still grappling with and trying to get some clarification on that. These are points of distinction that I think exist. Under the national law, the national board determines the criteria, experience and study that is required to obtain endorsement in an area of practice. That is not specified in any legislation and so could change at any point in time. I think that is the same situation as under the state law. The question for the Western Australian clinical psychologists is whether the requirements to get endorsement under the national law would be at the same high standards as currently exist in Western Australia. Although on paper it appears that that is likely to be the case, we cannot be 100 per cent certain because we do not have enough specific detail on that. If it were the case that the requirements to be an endorsed psychologist were the same as being a specialist psychologist under the Western Australian act, would that concern continue to carry?

Professor Littlefield: It looks to us as well that the requirements under the new national act for endorsement are the same as the ones that you have in Western Australia for specialist registration. As long as they continue to be the same and are not changed, that problem, to that degree, would be overcome. The Australian Psychological Society will exactly align its requirements for being a member of a college to those under the new national registration scheme for endorsement in areas of practice. It all should line up. I guess that what you are saying might create some concern if, in the future, the registration board could alter them without altering the law, then there is always the risk that something may happen to diminish the qualifications, but one would hope, because we all believe in the current standards, that that would not happen.

Another issue to do with Western Australia is that specialist registration is held very dearly there and they see this as something as a loss. They see endorsement as not giving the same level of recognition and clarity to the public that specialist registration gives you, for instance, by comparison with the medical profession. The public is very clear on what a medical specialist is. That sort of terminology and concept would be clearer to the public if it were carried over to other areas such as psychology.

[11.00 am]

The CHAIRMAN: Clinical psychologists do not call themselves specialist clinical psychologists, do they?

Professor Littlefield: No; they call themselves clinical psychologists. The implication is that they are specialists.

The CHAIRMAN: If, under the endorsement scheme under the national law, they are able to continue once they have that endorsement to call themselves clinical psychologists, in the minds of the average Australian would they be aware of any difference?

Professor Littlefield: The terms are exactly the same. The public should in fact be able to distinguish them. Yes; as long as the title is protected under law to the same degree as it would be under specialist registration.

The CHAIRMAN: I suppose that is where the issue is, because under the endorsement procedure under the national law, the decision about which areas of practice obtain endorsement is a decision for the national board. While the concept and the process is there in the legislation, the board would have the capacity at any time to reconsider endorsed areas of practice.

Professor Littlefield: I am not sure that is exactly the case. The board wanted nine areas of practice to be endorsed, which actually are the nine specialist areas of the Australian Psychological Society's colleges. As for the nine areas of practice—masters and doctorate level courses are run across Australia in our universities that prepare people for specialist practice in those areas. It was the PBA's request of the Health Ministers' Council that it endorsed the nine areas, but the council decided it was seven. I do not see that it is the PBA that can make those decisions. It appears to be the ministerial council that makes those decisions.

The CHAIRMAN: Were you provided with any explanation as to why the ministerial council did not accept community psychologists and health psychologists as an area of practice?

Professor Littlefield: I was, and I have it in writing. We were given two reasons: one is that it was Western Australia's system on which it was based. In Western Australia you have the seven specialties that were endorsed and not the nine. They also said that in the United Kingdom recently, the specialist areas had been revised and those two areas were not included in the UK, which is actually completely wrong. There is health as a specialty in the UK. I guess I see huge problems with not endorsing the other two.

The CHAIRMAN: Would you please explain to the committee what those problems are?

Professor Littlefield: First of all this whole registration and accreditation scheme is under a health act, so the first group you would imagine would be endorsed are the health psychologists. Given that registration is about protection of the public, the work that health psychologists and community psychologists do has the same level of risk to the public as any of the other specialties. If we take health alone, they are dealing with people with physical problems and helping them do things like trying to change their behaviour to combat things like obesity and chronic disease, trying to get them to adhere to medication and all sorts of treatment regimes. Their work is no less placing the public at risk if they do not do as well as it is if you are a clinical or a counselling psychologist or a sports psychologist

The CHAIRMAN: However, they would still need to be registered as psychologists in order to practice, would they not?

Professor Littlefield: They would, but an area of specialty seems much more specific in terms of what you are dealing with. I think it gives you a sharper focus on what they do.

The CHAIRMAN: Could you please explain the difference between a psychologist and a health psychologist?

Professor Littlefield: A psychologist has got general competency across the board to understand people's behaviour, emotions and cognitions, and how in fact to help them to work with those to get change. Health psychologists have an additional layer of knowledge about health problems and how you deal with much more complex and chronic cases to understand them and put a higher level of skills into play.

The CHAIRMAN: And a community psychologist?

Professor Littlefield: Community psychologists work with the community at a more systems level. To do with health, they particularly look at population-based preventive health and population change. For example, if you wanted to have a "stop smoking" campaign across the community, they would be the sort of people that would have the expertise about how to put that in practice, or reduction of drinking—things to do with family violence which again protects the health of the community. It is really quite ironic, when so much of the Australian political focus at the moment is on health reform, that these two specialties of psychology which could be argued make huge contributions in terms of health reform, are just being neglected and not included as endorsed areas of practice. I also think it is quite embarrassing for the Australian Government to make that decision when our worldwide counterparts regard these two specialties very highly, and as specialists in different areas of the world. I actually think it makes us look rather foolish.

The CHAIRMAN: Do all psychologists out in the field practising obtain a specialisation of one sort or another? Are there any that are practising without a specialist title?

Professor Littlefield: There are about 24 000 in total registered psychologists. The APS has about two-thirds of those as members. We would have about 11 000 registered psychologists and about 4 000 specialists. It is that sort of ratio.

The CHAIRMAN: Thank you for that, Lyn. Could you just advise the committee if there are comparable post-graduate courses for health and community psychologists as there are for clinical psychologists?

Professor Littlefield: They are exactly comparable. For all the specialties, you require a masters degree or a professional doctorate degree. It does not matter in which of the nine specialties, it is exactly the same requirement.

The CHAIRMAN: Lyn, have you been informed whether psychologists, who are endorsed in a particular area of practice under the national law, will be able to hold themselves out to be psychologists in that particular area of practice—for example, clinical psychologists—and be able to use that title? Has that been confirmed with the association?

Professor Littlefield: No; I have never seen it in writing. It is what I have understood but I have not seen it in writing.

The CHAIRMAN: Also, is there a commercial advantage to being able to use the word "specialist"?

Professor Littlefield: Possibly the same advantages you get in the medical profession, so the public would understand you as a specialist having higher skills in that particular area of practice. I guess there is a commercial advantage if the public understand what the area is and if that is the sort of treatment that they need. It depends how well educated the public are or how well the referral process operates. The doctors who refer to specialists understand what psychologists do, and when a

patient needs specialist treatment because they have got more complex, chronic conditions, they would be better off with a specialist.

The CHAIRMAN: Are there any billing advantages, for example, under Medicare or private health insurance?

Professor Littlefield: Under Medicare, clinical psychologists are in a higher tier for the delivery of mental health items. So the schedule fee that they can charge is higher and the patient gets a higher rebate. It is just for the group of clinical psychologists. Everyone else, including other specialties, is in a lower tier for mental health items.

The CHAIRMAN: As I understand it, the outstanding issues are the fact that only seven specialist areas of practice have been identified and not the nine; and that there is a view that being identified as a specialist in the legislation is preferable to the proposal of being recognised as an endorsed area of practice?

Professor Littlefield: Yes. That is exactly right. David has other issues that he feels are still outstanding. Do you want to hear those?

The CHAIRMAN: Certainly. I was going to go on and ask: are there any other outstanding concerns that psychologists in Western Australia have about the national scheme? David, this would be a good time.

[11.15 am]

Mr Stokes: We expressed the view in our submission and I would not mind touching on them briefly. There are human rights implications associated with both the criminal history check that they include every charge made against the person and they also include spent convictions, both of which we felt were particularly tough on professionals to have that imposed on them when it is not even imposed on criminals. That was our first concern. The second is not having some limits on mandatory reporting, which may very well have consequential impacts both on practitioners and the clients of practitioners, particularly requiring employers to report, which may have negative benefit for the profession and for the best practice process.

The CHAIRMAN: Just on the mandatory reporting, I do not quite understand why employers being required to report any concerns would have implications to the extent that you have outlined.

Mr Stokes: There are two ways in which it may impact. An employee may be very reluctant to make evident in their employment situation that they might have particular shortcomings or needs to which they might have got mentoring or support within the employment situation if they are sensitive about the possibility of being reported on. It would undermine our general processes of peer consultation and peer support if there is an awareness that the employer has obligations under mandatory reporting.

The CHAIRMAN: Were you going to go on to some other issues?

Mr Stokes: Yes, I have a couple more. There is a general concern, which is reflected very strongly in the submission from the College of Organisational Psychologists, about the health focus of the legislation and the possible implications that are unclear. It is probably not intended to even increase it within the legislation to protect the clients of organisational psychologists when being prohibited from making claims because their practitioner is not, in a rigid definition, a health psychologist and the whole general issue of the diminution of the general profession if it is contained too much by this health label because it has a much broader scope and a much broader profession than just health, even though many of its members work in areas that impact on the health area. They are the major concerns that we continue to have. I bring them to your attention. The first few pages of the submission of the College of Organisational Psychologists summarises those concerns.

The CHAIRMAN: We do have that submission and we have looked at that.

Mr Stokes: The last one is the psychological testing issue. That is one that is of considerable concern to us, both from the point of view of the risk it poses not being regulated on many clients and in situations in which clients seek services and upon the very instruments that are the object of psychological assessments potentially being made public if not prohibited by the legislation.

The CHAIRMAN: Is that currently covered by state legislation in any of the jurisdictions?

Mr Stokes: In some states, yes. It is still part of South Australia's legislation and has been in the past in the other states. By the introduction of health legislation and omnibus legislation particularly, those provisions have gradually been lost. They existed in Victoria when there was a psychological practices act. Once again, they have been lost in the process.

The CHAIRMAN: What sort of protections do you think need to be incorporated in legislation?

Mr Stokes: As we suggested, the prohibition of the use of these tests by non-registered practitioners and specifically some aspects of testing being confined to psychologists.

The CHAIRMAN: David, could I ask you about the issue of the state boards versus regional boards? We understand that a regional board of Western Australia and South Australia is proposed under the national law for psychologists. Do you see any difficulties with how that might function?

Mr Stokes: I do not, as long as in each capital city there is a footprint which allows ready and easy community access to the complaints and reporting process. One of the purposes of this national legislation was to avoid duplication and to standardise processes and as a consequence. I think it is possible to collaborate between states on some of the administrative processes as long as access by the public does not suffer as a consequence.

The CHAIRMAN: Has the society explored how this will work with the commonwealth? For example, will the regional board be based in WA or South Australia?

Mr Stokes: We have not been privy to those discussions and neither do we know how it will work.

The CHAIRMAN: You are not aware of whether WA psychologists will be required to travel to South Australia for complaint hearings?

Mr Stokes: No, we do not have that information. We imagine, once again, that there would be sufficient capacity in the capital cities for some of that to occur there rather than inconvenience the individual psychologists.

The CHAIRMAN: I go back to the issue of the specialist psychologists. Do Western Australian psychologists who practice in specialised fields feel so strongly about retaining that specialist title that they would be prepared to consider a double registration system where they are registered under the national law but the state retains a capacity to continue to register them as specialists?

Professor Littlefield: Our understanding is that they do feel that strongly. The things that we have seen indicate that they do. We would think it is far preferable that there is one consistent system right across Australia.

The CHAIRMAN: Would the society support a separate specialist registration scheme in WA?

Professor Littlefield: We would support it. Having that would be better than not having a specialist registration system. We would support protecting the fact that Western Australians now have specialist registration by separate register but we think it is far better to have a specialist register right across Australia.

The CHAIRMAN: Do the other states have specialist psychologists?

Professor Littlefield: The Australian Psychological Society has colleges right across Australia but no other state currently has specialist registration. It was in Victoria, the last state that had it, but it is no longer there.

The CHAIRMAN: Why were specialist registrations done away with in Victoria?

Professor Littlefield: We do not know. You would have to ask the board in Victoria.

You asked me a question about what it would mean not to have specialist registration of health and community. I would like to add to what I said earlier. People could refer to themselves as health psychologists and there would be no sanction against them if they did not have the specialist field of health psychologists. The public could be duped into believing these people who call themselves that did have the specialist skills of health psychologists. There would be nothing that the law could do about that.

The CHAIRMAN: I will double check that. I understand that the provisions in the national law bill would prevent that from happening because they would be holding themselves out to have an endorsement or a specialist requirement that they do not have. Other laws in various states about misrepresentation and the like would come into play to protect against that situation arising.

Professor Littlefield: I will add something to that. These days a number of psychologists call themselves consulting psychologists or coaching psychologists. They seem to be able to do that with no sanctions. If you do that investigation, it will be very interesting to hear if that is allowable because we understand there has been no sanction and that it requires a higher level of skills in the area that they are quoting.

Mr Stokes: If the law does not specify health psychology as an endorsement, on what basis would they criticise you for calling yourself a health psychologist?

The CHAIRMAN: The committee will have a closer look at that but I understood that you could only hold yourself out to have an endorsement if it was an endorsed area of practice.

Mr Stokes: That is what we are saying. It is not endorsed; therefore, you could not be held to have violated anything.

The CHAIRMAN: Currently, does the WA board prosecute psychologists who might use a different specialist title than the nine that are recognised?

Professor Littlefield: We do not think they can because they cannot prosecute them because it is not restricted under law. It is not restricted under law for the ones that are either not on a specialist register or endorsed.

The CHAIRMAN: So the situation is the same under the current state laws in the various jurisdictions and under the national law bill, so there is no change?

Mr Stokes: Except that you have only seven whereas we are saying that the nine colleges that we would support and endorse are not covered by the seven. There would be that capacity for people to misrepresent themselves and not violate the law.

The CHAIRMAN: If an organisational psychologist is working for a company that has offices in three or four states and a complaint is raised against that psychologist, under the national law would that psychologist need to be prosecuted in each of the state jurisdictions?

Mr Stokes: Under the current law they would be but under the state law there would need to be a report in each state but it might well be handled in only one. That has not been confirmed. It is only an impression that has been conveyed.

The CHAIRMAN: Also, what is the situation with psychologists employed by the commonwealth? Are they covered under the national law?

Mr Stokes: That is an interesting question and it is one that the organisational colleges were concerned about. Employed by the commonwealth has had implications or they have had connections to state acts. We are not sure whether they are attached under this new national act. That is something that we have tried to raise and get an answer to but we have not yet received a satisfactory explanation. Some of the old connections are broken and we are not sure if that has been renewed under this whole process.

The CHAIRMAN: What has been the level of consultation on this bill with the society? Do you feel that there has been good consultation with the society or are you struggling to get an understanding of the implications of the national law bill and struggling to get answers to questions that you have?

Mr Stokes: Do you mean the consultation over bill B?

The CHAIRMAN: Yes.

Mr Stokes: It has been extensive and we have had repeated opportunities to put our case. That is as far as it has got. We would have liked more negotiation over some of the specific issues that we have raised and on which we do not seem to have been heard. Because it was such a complex and sometimes hasty affair, we had to accept that their decision was binding. Initially, we were able to put our positions regularly and repeatedly but over the final resolutions, there were pretty limited opportunities to do so.

[11.30 am]

The CHAIRMAN: As I understand the transitional arrangements, a specialist clinical psychologist in Western Australia, for example, will be able to continue to use that title under the transitional provisions for a period of up to three years after the passing of the national law bill. Where I am not clear is what would happen to students or professionals who are currently finalising their specialist training and experience before they are registered as a specialist psychologist, who might be one or two months away from that at the time that the national law bill comes into effect. The transitional provisions do not appear to be able to pick up those people. They will need to then seek registration as an endorsed area of practice to use the title "clinical psychologist" but they would not be able to benefit from the transitional provisions that apply to currently practising specialist psychologists.

Mr Stokes: That is our understanding too. It does seem a disadvantage for members and psychologists in Western Australia. I think we suggested in our submission that the notion of transition perhaps should be removed and then maybe that would not continue to be an issue. I do think that is an issue that we would urge you to consider as a possibility so that the situation in Western Australia continues as it is and does not disadvantage both current and future members.

The CHAIRMAN: I understand what you are saying. It is one of the matters that the committee is considering. It has been put to the committee, however, that if specialist clinical psychologists and psychologists who are endorsed in that area of practice under the national bill were operating at the same time, the community would become very confused about the difference between being a clinical psychologist with an endorsed area of practice and a specialist clinical psychologist.

Mr Stokes: That is what I am entirely agreeing with. I want to resolve that issue so that the specialist registration remains in Western Australia.

The CHAIRMAN: Yes, but the point of the national bill is to assist with mobility. We will have a situation then in which a clinical psychologist who is registered as an endorsed clinical psychologist in New South Wales transfers across to WA. Would that person then be able to continue to practice as an endorsed clinical psychologist in WA? Will that create confusion in WA about whether all psychologists who are using the title "clinical psychologist", are in fact specialist clinical psychologists or endorsed clinical psychologists?

Mr Stokes: I guess that is one of the issues that the board will have to work with to resolve over this transition period. If it is resolved satisfactorily, the Western Australian clinical psychologist, for example, will not be disadvantaged. But we are not dead sure yet and that is why we are still pushing. We are not dead sure how in actual fact it all will work out and that is why the three-year transition period seems to be a sensible suggestion. But I am concerned, as you are, that at the end of the three years, if it is still not totally resolved, what happens then.

The CHAIRMAN: I suppose the question is: what do we need to achieve to have it resolved? In some people's mind simply having an endorsement process will be sufficient. As I understand it—correct me if I am wrong—from the point of view of the Western Australian clinical psychologists, unless specialist registration is recognised in the national law bill, they will not be satisfied. If endorsement under the national law bill provides for a lesser level of experience and qualification than is currently the case under the Western Australian regime, they will not be satisfied in that scenario either.

Mr Stokes: I hear that difficulty. I think the standards are coming closer together. I think the gap that might have existed previously is even less so under the current proposed standards. But it is an ongoing concern. We have this minor gulf now, and that needs to be resolved. I think it is more important from the Western Australian members' point of view that their achievement of specialist registration be somehow retained in this process.

The CHAIRMAN: But would the society agree to a situation in which Western Australian psychologists could continue to maintain themselves as specialist psychologists under the national law bill while psychologists in other states would not be able to retain that specialist registration?

Professor Littlefield: We would prefer that all of them were able to. That is our position.

Mr Stokes: It maybe that in that three-year period, a resubmission about this issue might occur to the committee and that that be achieved because they did not rule it out as an impossibility; they ruled it out as currently unacceptable. So it is possible that that might be one of the ways forward to resolution.

The CHAIRMAN: I have asked this question before but I will ask it again to continue to try to get better clarification in my own mind. What do you see is the difference between “specialist” and “endorsement”? It seems to me that we may be playing with semantics here and there may not be any practical difference between the two arrangements.

Mr Stokes: I guess that, because we do not know for sure the outgrowth of this and we have to have a decision by 1 July, we are playing for some time to let this bed down and make it clear whether there is any practical difference. We are representing our members in Western Australia who currently still feel that there is a significant difference and they want to try to retain that difference while this whole issue of what it really means in practice is clarified, which we do not think it has been.

The CHAIRMAN: I suppose from the committee's point of view, I am struggling to get clear in my mind what the difference is.

Professor Littlefield: As I said at the beginning, I believe it is much clearer to the public what a specialist is rather than someone with an endorsed area of practice.

The CHAIRMAN: Yes, but the public do not see the word “specialist” when they need to be referred to a clinical psychologist. They just look for a clinical psychologist. They do not see the word “specialist” listed in the title at all, nor will they see the word “endorsed”; it will still be clinical psychologist. I am struggling to understand how the public will see any difference, perceived or real.

Professor Littlefield: We are unsure what you will be able to say as a title if you are endorsed. Are you able to clarify that for us?

The CHAIRMAN: No; I am sorry I am not. My understanding is the same as yours—if you are endorsed in a specialist area, you will be able to say you are a clinical psychologist. However, until the board makes a decision on that, we are making assumptions.

Professor Littlefield: I suppose it is that uncertainty and the uncertainty of the level of protection if someone holds himself out wrongly as a clinical psychologist, which we understand is well protected under the law if there is a specialist register. We are unsure whether it is protected to the

same level if it is endorsement. So it is these areas of uncertainty that I think are causing the problem. If the titles could be clarified and what can be used and what protection the law gives that, we would be in a better position really to be very clear about it.

The CHAIRMAN: Lyn, has the society been advised why psychologists will not get specialist registration in clause 13 under the national law bill?

Professor Littlefield: We have never been formally advised. I have been informally advised by our national board. It is just a general trend or thrust to having as little legislation as possible, yet have a required level of protection. Unless legislation is absolutely necessary for protection, we have been advised that it will not be put into place. That is the sort of explanation we have been given that has come via our national board rather than our being informed directly at all.

The CHAIRMAN: One of the members has asked whether a psychologist can hold himself out and represent himself to be a psychologist specialising in the area of family psychology, for example.

Professor Littlefield: You can say on your business card that you have a practice—I do not know whether you can use the word “specialist”—that deals with family matters or issues. You can say that on your card and not be prosecuted for it.

Mr Stokes: The grounds on which the registration board will approach you is if you made claims that could not be supported and, if you did claim to provide that specialisation or specialist service, there would need to be grounds for you to defend that if the board challenged you. That is the current situation as I understand it.

The CHAIRMAN: Do you have any concerns that a registered psychologist could call himself a clinical psychologist but not claim to be endorsed and so not violate section 119 of the national bill?

Mr Stokes: I would not have thought that was the case. I think they would be liable to prosecution under those circumstances. Having protected the title, I think the board would consider that what they have specified as an area of endorsement would be moveable against if somebody put himself forward as such.

The CHAIRMAN: The question we are putting is that the person is not claiming to be an “endorsed clinical psychologist”, simply that he is using the title “clinical psychologist”.

Professor Littlefield: We do not exactly know the answer, but we imagine that would be something that could be prosecuted because it does imply that they would be endorsed when the new law comes in.

The CHAIRMAN: Thank you for that. There being no further questions from members of the committee, Lyn and David, are there any concluding comments you would like to make to the committee?

Professor Littlefield: No. Thank you very much for having us at your hearing.

The CHAIRMAN: Thank you both for participating and helping us with our understanding of the legislation, which will no doubt help us greatly through our deliberations. Thank you very much.

Hearing concluded at 11.43 am